

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/561,394

FILED DATE

12-19-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	1-
52					1	1-
53					1	1-
54					1	1-
55					1	1-
56					1	1-
57					1	1-
58					1	1-
59					1	1-
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100						
TOTAL IND.		↓		↓	4	↓
TOTAL DEP.	↔		↔		25	↔
TOTAL CLAIMS					29	